

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-004605

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 178

FILED JAN 25 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mehlville

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Nazareth Convent

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR

TOWN

Mehlville

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

2 Nazareth Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Sister M. Robert

Mulcahy

4. DATE
OF DEATH

Month

Day

Year

January

15

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married: ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/6/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nun

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Albany, New York

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Patrick Mulcahy

13b. MOTHER'S MAIDEN NAME

Margaret McNamara

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sister M. Silvera 2 Nazareth Lane.

18. CAUSE OF DEATH (Enter only one cause per line
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

15 min.

DUE TO (b)

Generalized arteriosclerotic heart disease.

15 years.

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III: If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

1961

death

9th Jan 63

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John G. Kellett M.D.

(Name or title)

22b. ADDRESS

2623 Telegraph Rd.

22c. DATE SIGNED

1-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Nazareth Cemetery

23d. LOCATION (City, town, or county)

Mehlville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Hoffmeister Mortuaries

25. DATE RECD. BY LOCAL REG.

1-17-63

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

7814 So. Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

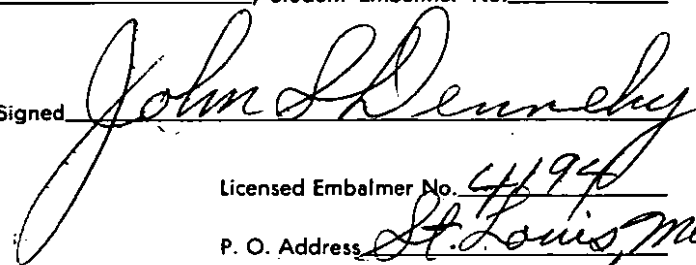
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4194

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.